

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 138

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Democratic Party - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Early, Katie, Oliver, ,

Mailing Address 2009 N Lakeshore Drive #0

City
Chapel Hill

State
NC

Zip Code
27514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2020

Transaction ID : 11ai-000160592

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Batra, Subhash, Kumar, ,

Mailing Address 1 Carolina Meadows Vlg #310

City
Chapel Hill

State
NC

Zip Code
27517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2020

Transaction ID : 11ai-000160550

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, William, , , Sr.

Mailing Address 1010 Waltham Street, Apt Fairfield

City
Lexington

State
MA

Zip Code
02421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mass General Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : 11ai-000161147

Amount of Each Receipt this Period

- 10000.00

☒ Memo Item

Transfer to NonFederal Account

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00